

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/030772

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	1						66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24	1						74						
25		1					75						
26	1						76						
27							77						
28	1						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	1						95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL	11						TOTAL						
TOTAL	39						TOTAL						
TOTAL	50						TOTAL						